

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b> 10/555,669-Conf. #9879	
	<b>Filing Date</b> May 5, 2004	
	<b>First Named Inventor</b> Tzyy-Choo Wu	
	<b>Title</b>	ANTI-CANCER DNA VACCINE EMPLOYING PLASMIDS ENCODING SIGNAL SEQUENCE, MUTANT ONCO-PROTEIN ANTIGEN, AND HEAT SHOCK PROTEIN
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b> JHV-050.01		

  

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25181

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

**Address**

City	State	Zip
Country	Telephone	Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b> <i>Tzyy-Choo Wu</i>	<b>Date</b> 2-21-07
<b>Name</b> Tzyy-Choo Wu	<b>Telephone</b> 410-614-3849
<b>Title and Company</b> Inventor	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/555,669-Conf. #9879	
	Filing Date	May 5, 2004	
	First Named Inventor	Tzyy-Chouu Wu	
	Title	ANTI-CANCER DNA VACCINE EMPLOYING PLASMIDS ENCODING SIGNAL SEQUENCE, MUTANT ONCO-PROTEIN ANTIGEN, AND HEAT SHOCK PROTEIN	
	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
		Attorney Docket No.	JHV-050.01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25181

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>e R F H</i>	Date	2/21/07
Name	Chien-Fu Hung	Telephone	410-502-8215
Title and Company Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.